



APPLICATION BLASTING PERMIT E-22

Development Services

Engineering Department

1635 Faraday Avenue

760-602-2750

www.carlsbadca.gov

Project Name and No.: _____

Grading Permit No.: _____ Drawing No.: _____

Name of Applicant: _____

Business Address: _____ Suite: _____

City: _____ State _____ Zip code _____

Business Phone No.: _____ Business Fax No.: _____

Emergency Phone No.: _____ Verified By: _____

THE FOLLOWING INFORMATION MUST BE PROVIDED:

___ 1. Valid Carlsbad Business License. License Number: _____

___ 2. Copy of the Blaster's License (from the State of California Division of Occupational Safety and Health) for all blasters who may be performing blasting operations on the site.

___ 3. A copy of the valid San Diego County Sheriff's Department Explosive Permit.

___ 4. Certificate of Insurance naming the City of Carlsbad as Certificate Holder and Additionally Insured. The minimum amount of coverage is \$1,000,000.00 for property damage and \$1,000,000.00 for bodily injury per each occurrence.

Insurance Rating: _____

Expiration Date: _____ Verified By: _____

Describe blasting operation below giving distance to nearest structure, approximate yardage to be blasted, anticipated number of shots, maximum number of holes and total maximum weight of charge per shot, and dates of blasting operation.

I HAVE READ AND UNDERSTAND THE CITY OF CARLSBAD ENGINEERING DEPARTMENT'S BLASTING POLICY AND AGREE TO ABIDE BY ITS PROVISIONS.

Signature of Applicant

Date

FOR CITY USE ONLY

Received By: _____

Permit Number: BL _____

___ APPROVED

___ DENIED

By: _____

Signature

Date

DATE RECEIVED